

# TRANSMITTAL FORM

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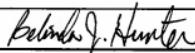
16

Application Number	10/700,141
Filing Date	November 3, 2003
First Named Inventor	IVANOV, Vyshislav
Art Unit	3749
Examiner Name	WILSON, Gregory A
Attorney Docket Number	3769-019 CON

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Patent Application Fee Determination Record; Multiple Dependent Claim Fee Calculation Sheet;	
<b>Remarks</b> Customer No 22440 Confirmation No 3725			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	WEISZ, Tiberiu Reg No 29,876		
Signature			
Date	August 1, 2006		

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Mail Stop AMENDMENT via [www.uspto.gov](http://www.uspto.gov)

Typed or printed name	HUNTER, Belinda J		
Signature		Date	August 1, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number  
10/700,141**APPLICATION AS FILED – PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

RATE (\$)	FEES (\$)
N/A	
N/A	
N/A	
X =	
X =	
N/A	

RATE (\$)	FEES (\$)
N/A	
N/A	
N/A	
X =	
X =	
N/A	
N/A	
TOTAL	770

**APPLICATION AS AMENDED – PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(j))	32	Minus *** 20	= 12
Independent (37 CFR 1.16(p))	6	Minus *** 3	= 3
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X = 18	216
X = 86	258
N/A	
TOTAL ADD'L FEE	474

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(j))	26	Minus *** 32	= -6
Independent (37 CFR 1.16(p))	4	Minus *** 6	= -2
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X = 18	(108)
X = 86	(172)
N/A	
TOTAL ADD'L FEE	(280)

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number  
1700,141Filing Date  
November 3, 2003Applicant(s)  
IVANOV, Vychislav

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<i>As filed</i>	<i>Pre-Amndt</i>	<i>3rd Amndt</i>
	Indep	Depend	Indep	Depend	Indep	Depend			
1	✓		c						
2		✓	c						
3		✓	c						
4	✓		c						
5	✓		c						
6		✓	c						
7	✓		c		c				
8		✓	c		c				
9		✓	c		c				
10		✓	c		c				
11	✓		c		c				
12		✓	c		c				
13		✓	c		c				
14		✓	c		c				
15		✓	c		c				
16		✓	c		c				
17	✓		c		c				
18		✓	c		c				
19	✓		c		c				
20		✓	c		c				
21		✓	c		c				
22	✓		c		c				
23		✓	c		c				
24	✓		c		c				
25	✓		c		c				
26		✓	c		c				
27		✓	c		c				
28		✓	c		c				
29		✓	c		c				
30		✓	A		c				
31		✓	A		c				
32		✓	A		c				
33		✓	A		w				
34		✓	A		w				
35		✓	A		w				
36		✓	A		w				
37		✓	A		w				
38		✓	A		w				
39		✓	A		w				
40		✓	A		w				
41		✓	A		w				
42		✓	A		w				
43		✓	A		w				
44		✓	A		w				
45		✓	A		w				
46		✓	A		w				
47		✓	A		w				
48		✓	A		w				
49		✓	A		w				
50		✓	A		w				
Total Indep	10						6		4
Total Depend	37						26		22
Total Claims	47						32		26

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